## **Non-Drug Options for GERD**

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October 12 2002 | 13,063 views

Look for the full story on GERD that includes my position in the December 2002 issue of **Men"s Journal Magazine**.

1. Do you have anything to say about the concern that long-term use of acid suppressants, like the above-mentioned drugs, might be linked to gastric cancer, since continued acid suppression can lead to the stomach"s protective linings atrophying?

Propulsid, perscribed for GERD (gastroesophageal reflux), was taken off the market over two years ago in the US. This and other drugs used to treat GI are major moneymakers for drug companies. Last year Prilosec was the top selling prescription drug in the world, earning Astra Zeneca, the drug"s maker, 6 billion dollars.

While Prilosec and other proton pump inhibitors and H2 blockers do not kill people immediately like Propulsid did, they surely contribute to the worsening of overall health. Drugs are rarely, if ever, necessary for the common ulcer and associated stomach problems. The proton pump inhibitors like Prevacid, Prilosec and the H2 blocker agents like Tagament, Pepcid, and Zantac are some of the worst drugs you can take. They significantly reduce the amount of acid you have, thus affecting your ability to properly digest food. Reduction of acid in the stomach also diminishes your primary defense mechanism for food-borne infections and increases your risk of food poisoning.

I am not yet aware of any direct evidence supporting their association with stomach atrophy or cancer; however, there is plenty of indirect evidence. One does not need a medical degree from a prestigious medical school to understand that the acid in the stomach is there for a good reason -- to help you digest your food.

Equally basic is the idea that if you don"t digest and absorb your food properly, you will not only increase your risk of stomach atrophy but also nearly every other chronic degenerative disease.

So what are the options?

Routinely maintaining the healthy eating program in my book, The No-Grain Diet, and drinking about one gallon of pure water per day combined with high doses of a good quality probiotic (beneficial bacteria), is enough to restore normal stomach function in the vast majority of patients.

Occasionally, those with a hiatal hernia will require additional structural adjustments; the one I find that works best is a gentle massage structural rebalancing technique from Australia called neurostructural technique, or NST. We teach this gentle technique to patients, who then use it to help support their diaphragm support and speed the healing of their problem.

2. Do you have an opinion of either of the surgical options for GERD?

Absolutely. I believe they have absolutely no role in the management of this purely physiologic problem and future generations will realize how foolish our current medical model has been by trying to treat a primarily biochemical problem with surgery.

## 3. An important question for those suffering from chronic GERD to ask themselves is: should they be opting for surgery, or trying an alternative remedy and changing their lifestyle first?

Treatment of GERD is one of the easiest issues I resolve in my clinical practice. Our success rate is well over 95%, and it is quite rare for any of our patients to fail to respond to our conservative, non-drug, non-surgical treatments. The first step is to increase the quantity of pure water, typically around one gallon per day for the typical 150 pound adult. Most people are dehydrated and this causes a major challenge.

Elimination of sugar is also a major effective strategy that aids healing. If one is overweight it is also likely that the short-term elimination of most grains will also be helpful by lowering insulin levels.

Adequate vitamin D intake is also an important variable for stomach health, as suggested in Lancet earlier this year. Normally, sunshine is the ideal source for vitamin D, but over half the US does not have adequate sources of sunshine for a large percentage of the year, so in this case supplements are important. Vitamin D3 (not vitamin D2, which is synthetic) is the preferred form. One can also monitor blood levels to make certain that adequate doses are taken.

Garlic is one food that you should be eating every day. It is important to note that the garlic MUST be fresh. The active ingredient is destroyed within several hours of smashing the garlic. Garlic pills are virtually worthless and should not be used. When you use the garlic, it is important to compress the garlic with a spoon prior to swallowing it if you are not going to juice it. If you swallow the clove intact you will not convert the allicin to its active ingredient. One problem, of course, is the smell, but most people can tolerate a few cloves a day. If one develops a "socially offensive" odor, then all you do is slightly decrease the volume of garlic until there is no odor present.

I realize that with homeopathic treatment, no generalizations can be made and that a full investigation of the patient is necessary.

**Men**"s Journal Magazine December 2002

Reference website: http://articles.mercola.com/sites/articles/archive/2002/10/12/gerd.aspx